

PO4000132848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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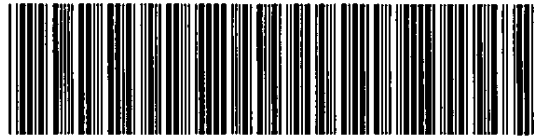
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IDS INC.

(Name of Corporation)

DOCUMENT NUMBER: P040000132848

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL R. LOPEZ

(Name of Person)

RAUL R. LOPEZ, P.A.

(Name of Firm/Company)

7950 NW 155TH STREET, SUITE 206

(Address)

MIAMI LAKES, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

RAUL R. LOPEZ

(Name of Person)

at (305) 818-0117

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

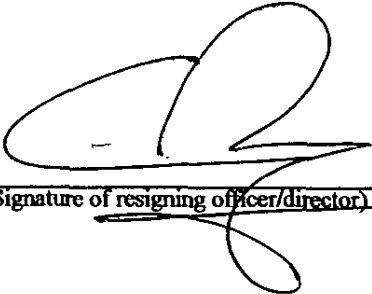
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, EDUARDO RAMIREZ, hereby resign as PRESIDENT/DIRECTOR
(Title)

of IDS INC.,
(Name of Corporation)

P040000132848, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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